

Kansas Dental Board  
900 SW Jackson, Room 564-S  
Topeka, KS 66612  
785-296-6400

Verification of Licensure Request

The applicant named below has applied for a license to practice dentistry or dental hygiene in the State of Kansas. The Kansas Dental Board is requesting license verification and information on this individual.

**Applicant: complete this portion and make copies as needed.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**To Be Completed by Authorized Personnel:**

State Board: \_\_\_\_\_ Date Issued: \_\_\_\_\_

License Status: \_\_\_\_\_

Is License in good standing? Yes \_\_\_\_\_ No \_\_\_\_\_

Please enclose any supporting documentation that may be useful.

Is there any disciplinary action pending? Yes \_\_\_\_\_ No \_\_\_\_\_

Please enclose any supporting documentation that may be useful.

How was applicant licensed?

Exam (which exam) \_\_\_\_\_

Reciprocity (state) \_\_\_\_\_

Credentials (requirements) \_\_\_\_\_

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Board Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

(Seal)

**Please send verification form directly to the Kansas Dental Board.**